

WARE COUNTY SCHOOL SYSTEM VERIFICATION of PROFESSIONAL EMPLOYMENT-1301 BAILEY STREET, WAYCROSS GA. 31501 (FAX-912-287-2234) (PH-912-283-8656)

Employee's Name:	SS#:	Birth Date:
Employee's Address:	City/State/Zip	

To be completed by previous Georgia public school system only: USE ONE LINE FOR EACH ACADEMIC YEAR OR CHANGE IN

SCHOOL DISTRICT OR INSTITUTION	STATE	DATES OF SERVICE		DAYS IN FULL CONTRACT YEAR	CONTRACT DAYS EMPLOYED	STATUS FULL TIME/ PART TIME	POSITION
		FROM	TO				

The teacher was granted _____ years prior experience from other school systems in accordance with GDOE regulations upon employment with the above named system.

TOTAL YEARS OF SERVICE VERIFIED WITH YOUR SYSTEM (include prior experience granted): _____ Years _____ Months _____ Days

Did this employee have tenure in your school system? Yes or No. Was this employee "advanced" on the Georgia Teacher Salary Schedule? Yes or No

Certification Level _____ (TI-T7) Years of Creditable Experience _____ (0-actual number of years) Salary Step _____ (E-L6)

Accumulated sick leave eligible for transfer _____ days as of _____, 20_____.

STATE HEALTH INSURANCE COVERAGE	Employee's Last Payroll Date _____	Was Health Insurance Premium Deducted? Yes or No
United Healthcare or BCBS _____ None _____	Wellness _____	Standard _____
Employee was enrolled for SHBP Option _____ (HMO, HRA, HDHP) SHBP Tier (EE, EE/SP, EE/SP/CH, E/TOB, E/SP/TOB, ETOB/ SPTOB/CH)		

Out of State and Private Institutions

Institution/System	State	Begin Date	End Date	Total Days in Each Year	Position

Total number of years employed in the institution/system _____ Is the above system _____ Public or _____ Private?

The school is fully accredited by _____ Department of Education and/or _____ accrediting agency.

I certify that the information and the verification of professional experience listed above is complete and accurate according to the official records on file in this school system.

Name of Verifying System _____ Mailing Address _____

City, State and Zip Code _____

Signature of Superintendent or Authorized Official _____ Title _____ Date _____

